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Notice of Independent Review Decision

[Date notice sent to all parties]:

05/05/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right Ankle ORIF medical malleolus fracture/Tarsal Tunnel Release

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her right lower extremity. The CT scan of the right lower extremity dated 02/20/14 revealed multiple osseous fragments superior to the talar neck, the largest measuring 2 x 10mm. The findings most likely represented a chronic evulsion injury. The MRI of the right ankle dated 03/01/14 revealed an evulsion fracture arising from the anterior tibial plafond with a small ossific fragment seen within the anterior joint space measuring 0.3 x 0.8 x 1.1cm. A moderate strain was identified at the distal tibialis posterior tendon. A full thickness tear was also identified at the medial deltoid ligament with additional tears involving the anterior talofibular ligament and fibular calcaneal ligament. The clinical note dated 03/07/14 indicates the patient complaining of right ankle pain. The patient rated the pain at that time as 8/10. Pain was located at the medial region of

the right ankle. The patient was able to demonstrate normal range of motion with no pain. 3+/5 edema was identified throughout the right ankle. The electrodiagnostic studies completed on 03/13/14 revealed findings consistent with a common peroneal nerve compression and/or previous transient ischemic compression of the common peroneal nerve. The nerve conduction studies revealed findings consistent with compression and/or previous transient ischemic compression of the sural nerve at or near the level of the right ankle. The clinical note dated 03/14/14 indicates the patient continuing with right ankle pain with associated range of motion deficits.

The utilization review dated 03/19/14 resulted in a denial for the proposed treatments as no radiographic evidence was submitted confirming a displaced or comminuted fracture.

The utilization review dated 04/04/14 resulted in a denial as no information had been submitted confirming the patient's radiographic evidence of a displaced, comminuted, or open fracture. Additionally, no information had been submitted regarding the patient's significant clinical evidence of tarsal tunnel at the right ankle. No information had been submitted confirming the patient's completion of all conservative treatments.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The documentation indicates the patient complaining of right ankle pain. An ORIF is indicated at the ankle provided the patient meets specific criteria to include radiographic evidence confirming the patient's displaced, comminuted, or open fracture. No radiograph studies have been submitted confirming the patient's significant clinical findings.

A tarsal tunnel release would also be indicated provided the patient meets specific criteria to include significant findings confirmed by clinical exam and the patient has completed all conservative treatments. No information was submitted regarding the patient's significant clinical findings confirming the presence of tarsal tunnel at the right ankle. Additionally, it is unclear if the patient has completed any conservative treatments addressing the right ankle complaints. Given these findings, this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a right ankle open treatment for a medial malleolus fracture along with a tarsal tunnel release is not recommended as medically necessary.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Open reduction internal fixation (ORIF)

Recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Open reduction internal fixation (ORIF) is a method of surgically repairing a fractured bone, in which surgery is used to reduce or set the fracture fragments and then hardware (such as a rod, plate and/or nails) is then implanted to hold the reduction in place. (Lange, 2007)

Surgery for tarsal tunnel syndrome

Recommended after conservative treatment for at least one month. Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. When conservative therapy fails to alleviate the patient's symptoms, surgical intervention may be warranted since space-occupying masses require removal. Tarsal tunnel syndrome is caused by compression of the tibial nerve or its associated branches as it passes underneath the flexor retinaculum at the ankle level or distally. (Gondring, 2003) (Sammarco, 2003)